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	Application Number.	10/420.057		
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	April 18, 2003		
	First Named Inventor	James SAY		
	Art Unit	3736		
	Examiner Name			
CHANGE OF CONTINENT CHANGE WANTERS	A 14			

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)								
SIGNATURE of Applicant or Assignee of Record								
Name Carl Silverman, Esq., VP of Intellectual Property, TheraSense, Inc.								
Signature	(al)							
	9/13	107	100	Telepho	<u> </u>	10-	149-	-5479
NOTE: Signatures of all the inventors or easignees of record of the entire invariat or their segressatiative(s) are required. Submit reutsiple forms if more than one signature is required, see below.								
Total of 1 forms are submitted.								

This cotection of information is required by 37 CFR 1.34. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) on application. Considerability is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form antifor suggestions for reducing this burden, should be sent to the Chief information Office, U.S. Petern and Trackerset Office, U.S. Department of Commence. P.D. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.